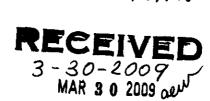
MHN

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION



MICHAEL W. DOBBINS CLERK, U.S. DISTRICT COURT

Ahard AARON Mikusmmad	CLERK, U.S. DISTRIC
(Enter above the full name of the plaintiff or plaintiffs in this action)	
Sook County Department	Case No: 096896 (To be supplied by the Clerk of this Court) 0960896
BT CONFECULTIONS	-
	- -
(Enter above the full name of ALL defendants in this action. Do not use "et al.")	
CHECK ONE ONLY:	AMENDED COMPLAINT
COMPLAINT UNDER U.S. Code (state, county	THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983, or municipal defendants)
COMPLAINT UNDER 28 SECTION 1331 U.S.	THE CONSTITUTION ("BIVENS" ACTION), TITLE Code (federal defendants)
OTHER (cite statute, if	known)
BEFORE FILLING OUT THIS COM	PLAINT, PLEASE REFER TO "INSTRUCTIONS FOR

BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.

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I.	Plair	ntiff(s):
	A.	Name: Anatol Alakon Munahuma
	B.	List all aliases: AARON MUHAMMA
	C.	Prisoner identification number: 20080048143
	D.	Place of present confinement: Bok burshy DEANHARTH CONFERNION
	E.	Place of present confinement: Box Box Depth Depth Ment of Correction Address: R.O. Box 089002, Chicago, Illinois 60608
	numl	ere is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. per, place of confinement, and current address according to the above format on a rate sheet of paper.)
I.	(In A	ndant(s): below, place the full name of the first defendant in the first blank, his or her official ion in the second blank, and his or her place of employment in the third blank. Space wo additional defendants is provided in B and C.)
	A.	Defendant: Look Carry Department of Confections
		Title: (SAME)
		Place of Employment:
	B.	Defendant:
		Title:
		Place of Employment:
	C.	Defendant:
		Title:
		THE.

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

N	ame of case and docket number:
A	pproximate date of filing lawsuit:
Li	st all plaintiffs (if you had co-plaintiffs), including any aliases:
_ Li	st all defendants:
_	
_	
	ourt in which the lawsuit was filed (if federal court, name the district; if state courted the county):
N	ame of tudge to whom case was assigned:
B	Sic claim made:
_	The state of the s
	isposition of this case (for example: Was the case dismissed? Was it appeale it still pending?):
A	pproximate date of disposition:

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. COPLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

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V Relief:

٧.	Reflet:
	State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.
\mathcal{L}	and the but to him on behalf of share Aaron Mulamos
NA	has suffered not only spession, but wenter damages, which
Algo Lan	ilistration of the Cook Court Department of Convertions
hal	caused severe sawage to the Myhamman and I
4	will be gracionally confendates:
VI.	The plaintiff demands that the case be tried by a jury. YES NO
	CERTIFICATION
	By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.
	Signed thisday of March, 20_09_
	Ahard Hain Whilamnad
	(Signature of plaintiff or plaintiffs)
	Ahard AARON MUHAMANA
	(Print name)
	JOTE 2048143
	Cook Country Separtment of Corrections
	P.D. Bop 281005
	(Address) Allenois 60608